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PTO/SB/21 (09-08)

27 Oct, 2008

Date

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

12+refs

Application Number 10/528,747

Filing Date March 22, 2005

First Named Inventor Shoemaker, Robert H.

Art Unit 1648

Examiner Name Stuart Snyder

Attorney Docket Number 015280-462100US

**ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final Proprietary Information Provisional Application Power of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address Other Enclosure(s) (please identify Extension of Time Request- 1 mo. Terminal Disclaimer per PTO/SB/22 enclosed Return Postcard **Express Abandonment Request** Request for Refund Information Disclosure Statement -CD, Number of CD(s) & PTO/SB/08A&B and refs. C1-C4 Landscape Table on CD The Commissioner is authorized to charge any additional fees to Deposit Remarks Certified Copy of Priority Account 20-1430. Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Townsend and Townsend and Crew LLP Signature Printed name øckver, Ph.D. Jean M. L Reg. No. Date **2**008 44,879 October 27 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA

Signature

Typed or printed name

22313-1450 on the date shown below.

Malinda C. Dagit

0 5008 R								PTO/SB/17	7 (10-08)	
O  Effective on 12/08/2004.					Complete if Known					
Fees partiant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/52			28,747			
				Filing	Date	Marc	larch 22, 2005			
For FY 2009					amed Inver	ntor Shoe	Shoemaker, Robert H.			
Applicant claims small entity status. See 37 CFR 1.27					ner Name	Stua	tuart Snyder			
					it	1648	1648			
TOTAL AMOUNT OF PAY	MENT (	\$) 180	=	Attorn	ey Docket N	lo. 0152	280-462100	ous .	<u></u>	
METHOD OF PAYMENT	(check al	I that app	oly)							
Check Credit Ca	ard	Money C	Order Non	e 🗌	Other (plea	se identify):				
Deposit Account De	posit Acco	unt Numbe	er: 20-1430			-	nsend and T	ownsend and Crew L	LP	
For the above-identi	ified depo:	sit accoun	t, the Director is h			·				
Charge fee(s) i	•			,				except for the filing 1	fee	
Charge any add	titional fee	e(s) or und	lerpayments of fe	e(s)	<b>⊠</b>					
under 37 CFR 1 WARNING: information on this	i.16 and 1 form may t	.17 ecome pul	blic. Credit card in	formation		any overpay be included o		Provide credit card		
information and authorization o										
FEE CALCULATION					~					
1. BASIC FILING, SEAR		EXAMIN G FEES		ARCH F	FES	FXAMIN	ATION FEE	ES		
Small Entity					<b>Entity</b>	Sr	Small Entity			
Application Type	<u>Fee (\$)</u>	<u>Fee (\$)</u>	Fee	(\$) <u>Fee</u>	<u>(\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	Fees Paid (\$)	ì	
Utility	330	165	54		-	220	110		_	
Design	220	110	10	0 5	0	140	70		_	
Plant	220	110	33	0 16	5	170	85		_	
Reissue	330	165	54	0 27	0	650	325		_	
Provisional	220	110		0	0 .	0	0		_	
2. EXCESS CLAIM FEES							Fee (\$)	Small Entity	••	
Fee Description Feeb eleim over 20 (including Paissues)								<u>Fee (\$)</u> 26		
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)							52 220	110		
Multiple dependent claims							390	195		
• •				e Paid (	e Paid (\$)			Dependent Claims		
-20 or HP = X =					<del></del>		Fee (\$)	Fee Paid (\$)		
HP = highest number of total clain					_					
Indep. Claims -3 or HP =	Extra Clai	ims x	Fee (\$) Fe	ee Paid (	<u>\$)</u>					
HP = highest number of independ	ent claims (	paid for, if g	reater than 3		<del></del>					
3. APPLICATION SIZE F	EE									
If the specification and d	rawings	exceed 1	00 sheets of pa	per (ex	cluding ele	ectronically	y filed sequ	ence or computer		
listings under 37 CFF	R 1.52(e)	), the app	plication size fe	e due i	s \$270 (\$1	35 for sma	all entity) fo	or each additional 5	0	
sheets or fraction the	reof. See	e 35 U.S.								
	Extra Sh		Number of e					e (\$) Fee Paid (	<u>\$)</u>	
100 =		/ 50	=	_ (round	up to a wn	ole number	) ×		_	
4. OTHER FEE(S)								Fees Paid	_(\$)	
Non-English Specific	cation,	\$130 fe	e (no small enti	ity disc	ount)					
Other (e.g., late filing surcharge): Submission of Information Disclosure Stmt 180										
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SUBMITTED BY			- 1 A N			•				
Signature	$\Lambda$	11			ration No. ey/Agent)	44,879	Telepi	hone 415-576-02	00	

October 27, 2008

Date

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Name (Print/Type) Jean M. Lockye